

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 19305
Application ID: 10065548
Title of Invention: Dosage Scaled Beverage
Sweetener Utensil
First Named Inventor: Shannon Panzo
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-29
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: PAN 1029
Digital Certificate Holder: cn=Kyle W. Rost, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: rmHFuqkg7RC3vgybUlz2/g==
Total Fees Authorized: \$370.0
Payment Category: CC - Credit Card
Credit Card Number: *****3866
Expiration Date: 01312005
Card Holder Name: Kyle W. Rost
RAM User ID: EFSPROD
RAM Accounting Date: 2002-10-29
RAM Sequence Number: 554619
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Postal Code: 80111

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

PAN
1029

Submission Type: Utility Patent
Filing

Dosage Scaled Beverage Sweetener Utensil

First Named Inventor: Dr. Shannon Panzo

SUBMITTED BY

Name:

Kyle W. Rost

Registration Number:

27,943

Electronic Signature Mark: /kyle w.
rost/

Date Signed: 20021029

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

Declaration1.tif

declaration

Declaration2.tif

fee-transmittal

Panzofee.xml

us-information-disclosure-statement

Panzoids.xml

sweetener.xml
Panzoapds.xml

Declaration2.tif

Comments:

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td>PAN 1029</td> </tr> <tr> <td>First Named Inventor</td> <td>PANZO, Shannon</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	PAN 1029	First Named Inventor	PANZO, Shannon	COMPLETE IF KNOWN		Application Number		Filing Date		Art Unit		Examiner Name	
Attorney Docket Number	PAN 1029														
First Named Inventor	PANZO, Shannon														
COMPLETE IF KNOWN															
Application Number															
Filing Date															
Art Unit															
Examiner Name															

☒ Declaration Submitted with Initial Filing
 OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dosage Scaled Beverage Sweetener Utensil

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 38 U.S.C. 119(a)-(d) or (f), or 368(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

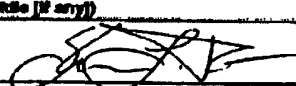

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		26092		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
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<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <small>(first and middle if any)</small>			Family Name <small>or Surname</small>		
Shannon			PANZO		
Inventor's Signature 				Date 10/28/2002	
Centennial <small>Residence: City</small>		CO <small>State</small>	USA <small>Country</small>	US <small>Citizenship</small>	
19744 E. Union Drive					
Mailing Address					
Centennial <small>City</small>		CO <small>State</small>	80015 <small>ZIP</small>	USA <small>Country</small>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <small>(first and middle if any)</small>			Family Name <small>or Surname</small>		
Lynette F.			TAYLOR		
Inventor's Signature 				Date 10/28/2002	
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7 Sunset Drive					
Mailing Address					
Strathfieldsaye <small>City</small>		Victoria <small>State</small>	3551 <small>ZIP</small>	Australia <small>Country</small>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto.					

[Page 2 of 2]

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3866
Expiration Date: 20050131
Authorized Name: Kyle W. Rost
Billing Address: 80111

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	2001	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	2202	\$ 9	0	\$ 0
Independent Claims: 2	2201	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0